

# Board of Liquor License Commissioners for Baltimore City - Renewal 2015

## Establishment Information

**Hold**

Corporation/Partnership/Entity Name: BERTHAS INC.

License Name: EAT BERTHAS MUSSELS Class Type: B Bus Phone: 410 327 5795

Location Address: 734 S. BROADWAY BALT. MD 21231

Mailing Address: 734 S. BROADWAY City/State: BALT, MD ZIP Code: 21231

Are the operations open? ☒ YES ☐ NO If NO, when did it close? Last 8 Digits Sales Tax ID# 0111 8843

Is the property owned or leased? ☒ YES ☐ NO If leased, expiration date:

On what floors does your business operate? FIRST Where is your alcohol stored? BEHIND BAR/CEGAR

Provide capacity as per Fire Dept.? 105 For Class "B" only over 150, list dining capacity?

If applicable: General Manager Name: ANDREW NORRIS

Manager Phone: 410 327 5795 Email: INFO@BERTHAS.COM Cell or Fax:

## Licensee 1 Information

Name: LAURA NORRIS

Current Home address: 802 S. ANN ST. BALT. MD 21231 How long? 1976 - PRESENT

Phone: 410 E-mail: N/A Cell: N/A

City: BALT. State: MD ZIP Code: 21231

Date of Birth 03 - 1941 Are you a City Resident? ☒ YES ☐ NO City resident, how long?

If not a City resident please list property owned on which taxes are paid:

## Licensee 2 Information

Name: R. ANTHONY NORRIS

Current Home address: 802 S. ANN ST. How long? 1976 - PRESENT

Phone: L E-mail: N/A Cell: N/A

City: BALT. State: MD ZIP Code: 21231

Date of Birth 07 - 1938 Are you a City Resident? ☒ YES ☐ NO City resident, how long?

If not a City resident please list property owned on which taxes are paid:

## Licensee 3 Information

Name:

Current Home address: How long?

Phone: E-mail: Cell:

City: State: ZIP Code:

Date of Birth Are you a City Resident? ☐ YES ☐ NO City resident, how long?

If not a City resident please list property owned on which taxes are paid:

Below are a series of questions regarding your operations and all questions must be answered so that your application can be deemed complete. Note that all information must be provided under state law for license renewal. (Mark X below)

	Yes	No
Do you owe any taxes on merchandise, fixtures of stock to the City or the State for FY 2014-2015 or previous years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is your corporation in "Good Standing" with the Maryland Department of Assessment and Taxation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you affirm that all taxes due to state and local agencies are current and up to date?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been convicted and/or found guilty for violating any local, State or Federal criminal offense?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, describe: _____ When: _____ Where: _____		
Do you provide live entertainment? (If not applicable answer NO)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you provide outdoor table service? (If not applicable answer NO)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you provide off premises catering of food and alcohol? (If not applicable answer NO)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have an up to date Alcohol Awareness Certificate? Expiration date: <u>8/18/15</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any majority stockholder or corporate officer changes from last year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, describe and provide information on stockholders: (significant change may require a new application):		

#91128

Do you provide delivery services of alcohol and/or food?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have Workers Compensation insurance? If yes enter policy # <u>5163032404</u> Expiration Date <u>9/4/2015</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Insurance Carrier: <u>NATIONWIDE</u> If No, please note, number of employee: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you directly or indirectly own or have any interest of any kind as owner, stockholder, financially or otherwise, in any establishment to or for which a license has been issued anywhere in the State of Maryland, or are you a creditor or have made any loans to license holder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, describe: _____		

*Handwritten initials/signature*

### Signatures

I/We hereby certify that I/We are the licensed operator/s of the establishment applied for in this renewal for "Alcoholic Beverages License" for 2015-2016. I/We hereby authorize the Maryland State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of Liquor License Commissioners for Baltimore City, its duly authorized agents and employees, and any Maryland State Police Officer/Trooper, and any peace officer of the City of Baltimore, to inspect and search, without warrant, the premises upon which the business is to be conducted, and any and all parts of the building in which said business is to be conducted, at any and all hours.

Signature of licensee: <u>Robert Anthony Norris</u>	Date: <u>3/28/15</u>
Signature of licensee: <u>Laura Norris</u>	Date: <u>3/28/15</u>
Signature of licensee: _____	Date: _____

### AFFIDAVIT

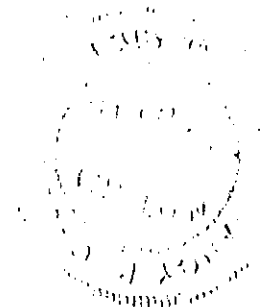
STATE OF MARYLAND, City of Baltimore, ss:

I hereby certify that on the 28TH day of MARCH, 2015 before me, the subscriber, a notary public of the State of Maryland, in and for BALTIMORE CITY, personally appeared ROBERT ANTHONY NORRIS & LAURA NORRIS the applicant(s) named in this renewal application made oath in due form of law that the matter and facts contained in said application are true and correct.

As witness, my hand and notarial seal.

Nancy P. Caudill  
Name: NANCY P. CAUDILL

[Notary Seal]  
My Commission expires SEPT. 21, 2015



### READ CAREFULLY

If any of the facts, other than age and home address have changed it will be necessary to apply for new license on the form required for a transfer and/or modification.

If this application is not filed on or before March 31, 2015 to the office of Board, 231 E. Baltimore Street, Suite 600, a late fee of \$50.00 per day may be imposed by the board up to a maximum of \$1,500.00 and the license will not renewed as of May 1, 2015.

#### Application Fee \$50.00

Extract from Section 16-501 of Article 2B of the State of Maryland – Alcoholic Beverage Laws: If any signed statement, affidavit or oath required under the provisions of this Act shall contain any false statement, the offender shall be deemed guilty of perjury, and upon conviction thereof, shall be subject to the penalties by law for that crime.

For BLLC Staff Only: Please ADD Staff Initials and notes	
Received Date: <u>3/31/15 MBH RCD</u>	Contact Date(s)
Status: Complete Date: _____	Incomplete: